



**Basketball Coaches Association of Michigan**  
**34<sup>th</sup> Annual Basketball Coaches Clinic** sponsored by Rawlings  
 Saturday, October 14 and Sunday, October 15, 2017

- **CLINIC REGISTRATION SPECIAL:** “Pay for 3, Get 4<sup>th</sup> Coach Free” (If a BCAM Member) •

**Online Clinic Registration and Payment is available at [www.bcam.org](http://www.bcam.org)**

<b>2017 BCAM CLINIC REGISTRATION FORM</b>	Are you a 2017- 2018 <b>BCAM MEMBER?</b> (membership must be paid by 10/7)		<b>MEMBER CLINIC</b> \$80 p/p on or before 10/7	<b>NON- MEMBER CLINIC</b>  <b>\$110.00</b> per person	Attending USA Basketball courses?  Pick your preferred time slot			Attending Saturday’s <b>HALL of FAME BANQUET ?</b> (Banquet cost is \$15 p/p, unless you are receiving an award at the banquet, then your banquet ticket is complimentary.)	
	YES	NO			9AM	1PM	Either	YES	NO
	REGISTRANT NAME								
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	#4 FREE if Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Put additional registrants on a second form                      Totals: \$ \_\_\_\_\_ \$ \_\_\_\_\_                      \$ \_\_\_\_\_  
 Grand Total \$ \_\_\_\_\_

Name of “Contact Person” (must be registered above) \_\_\_\_\_  
 Email of Contact Person **REQUIRED** (will receive confirmation email) \_\_\_\_\_  
 Phone Number of Contact Person ( \_\_\_\_\_ ) \_\_\_\_\_  
 School Name \_\_\_\_\_

**Make Clinic Registration checks payable to: BCAM**  
**Mail this form with payment to: BCAM, PO BOX 2063, MIDLAND, MI 48641**

Please **DO NOT MAIL** registrations after October 7<sup>th</sup> (we won’t get them in time) – Come as a “Walk-In”  
 ALL Online Registrations AFTER October 7<sup>th</sup> AND “Walk-Ins” = \$110.00 (even if BCAM member)